



NATIONAL INSTITUTES OF HEALTH
Bethesda, Maryland 20892
NIH CHILD CARE BOARD

TO: Dr. Ruth L. Kirschstein
Acting Director, National Institutes of Health

FROM: NIH Child Care Board

SUBJECT: Annual Report on the NIH Child Care Program

DATE: January, 2002

The National Institutes of Health Child Care Board is pleased to present its 2001 Annual Report on the status of Child Care for the National Institutes of Health. This report reflects the activities and accomplishments of the NIH Child Care Board (hereinafter referred to as the Board), for the past year and includes five specific recommendations to improve the current Child Care Program services and policies at the NIH.

The Board is an advisory body to the Director, NIH on Child Care issues. Currently, the Board is comprised of ten voting members who have undergone a self-nomination process and subsequent appointment by the Associate Director for Research Services. Additionally, there are ten ex-officio, non-voting members and liaisons who provide information and feedback to the Board on NIH Child Care issues. Together, these twenty volunteers examine important issues and how they impact the NIH mission of promoting public health through research.

The Board believes that the quality of scientific research supported at the NIH is a direct result of the quality of the workforce. Productivity and performance of parents in the workplace are enhanced when their children are in quality care. The Board recognizes this and the impact quality child care has on the capability of the most competent and qualified workforce for the important research undertaken at the NIH.

We request as you read our Annual Report you carefully consider how to implement our recommendations. As always, the Board members are available to answer any questions you may have. We plan to request an appointment with you to personally discuss this report and any child care issues that impact the mission of the NIH.

Thank you for your continued interest in our work.

/s/
Corliss A. Taylor
Chairperson

Attachments

cc: Mr. Ficca, OD/ORS



National Institutes of Health

NIH Child Care Board

2001 Annual Report

**"Working for Quality Child Care
at the NIH"**

January 2002

NIH Child Care Board

2001 Annual Report

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NIH Child Care Board Activities and Accomplishments 2001

✓ Supported the Creation of a Child Care Subsidy Program for the NIH

In January 2001, the Board sent a letter to the NIH Executive Officers advocating support for the implementation of legislation enacted September 29, 1999 as a pilot, permitting agencies in the Executive Branch to use appropriated funds to subsidize child care for lower income Federal employees. On November 12, 2001, the President signed H.R. 2590 into Public Law 107-67, which includes permanent legislation authorizing the use of appropriated funds for child care subsidies. Although the NIH elected not to participate in the pilot, the Board has studied the implementation of the program at other Federal agencies. Based on this research and the results of the NIH Child Care Needs Assessment Survey, the Board will again recommend that the NIH participate in the program.

✓ Advocated the On-Time Opening of the East Child Care Center

In September 2001, the first permanent child care facility designed and constructed specifically for the NIH campus opened its doors. In recognition of the importance of critical timing in family lives related to the availability of child care, the Board supported the allocation of adequate resources to ensure that the new East Child Care Center was completed and opened in time for the new school year. On September 4, 2001, Parents Of Preschoolers, Inc., formerly located in Building 35 with a capacity for 65 children, moved into the new facility to provide pre-school child care and a full-day Kindergarten program for 110 children.

✓ Participated in the NIH Child Care Needs Assessment Survey

In the summer of 2001, members of the Child Care Board assisted in the development of an NIH Child Care Needs Assessment Survey. The Worksite Enrichment Programs Branch, DSS/ORS, in response to a recommendation in the 2000 Child Care Board Annual Report, contracted for the development and implementation of a comprehensive child care needs assessment survey. The Board served as one of several focus groups in the design of the survey instrument, evaluated the pilot survey, and publicized to colleagues the importance of participating in the final web-based survey conducted in September 2001. In November 2001, the preliminary findings of the survey were presented to the Board. These findings lend credence and support to the recommendations that follow.

✓ Revised the Child Care Board Charter

In May 2001, the Acting Director, NIH approved the Board's request to amend its Charter (Attachment I). The revision of the Charter was a result of earlier recommendations that the Board focus its activities strictly on the important topic of child care and the role that quality child care plays in NIH's efforts to attract and retain employees. To that end, the Board's name was changed from the "NIH Day Care Board" to the "NIH Child Care Board" to reflect this focus and clarify its mission.

NIH Child Care Board Activities and Accomplishments 2001 (continued)

✓ Increased Board Membership

In conjunction with the review and revision of the Board Charter, the Board developed a strategic plan to expand membership for voting members and solicit more active participation by other interested NIH entities. The membership expansion was designed to better reflect the diversity of NIH employees and the interests of the entire NIH (Attachment II). Information and recruitment materials were developed in print and electronic format to encourage active and broad participation in the work of the Board. In conjunction with the expansion of the Board, an annual Work Plan, reflecting specific goals and activities for the Board year, was designed to act as a guideline and blueprint for Board action (Attachment III).

✓ Received a 2001 Quality of Work Life Award

The NIH Quality of Work Life Initiative acknowledged the members of the Board and the efforts undertaken in 2000 and 2001. Specifically, the Board was nominated and received the award because of the following achievement: *“For their long-term commitment to identify and support enhancements which have resulted in clearly focused initiatives on child care programs and increased resources to assist in meeting the needs of NIH employees.”*

NIH Child Care Board Recommendations

Recommendation One:

The NIH should seek to expand Child Care options available to employees.

It has become increasingly apparent that because of space limitations, the existing NIH child care facilities cannot accommodate the large number of NIH employees' children needing care. To this end, the NIH should expand and develop options for dealing with the lack of available space. Options include identifying additional child care facilities on or near NIH work sites and establishing child care options near employees' homes or work locations. Many of the traditional ways of offering child care may not be appropriate options because of external limitations (such as limited space for adding new facilities on the NIH campus) but there are alternatives, which should be carefully considered.

Results from the recent NIH Child Care Needs Assessment Survey indicate that NIH employees with young children desire safe and high quality child care. The majority of respondents indicated that care is in highest demand for children age two and under. Currently, the three NIH child care centers have the capacity to serve a total of 340 children, with only 55 of those spaces licensed for the care of infants and toddlers. It is estimated that approximately 1000 children need care. The NIH's limited capacity to serve 340 children falls well short of this estimated need. Therefore, the **NIH Child Care Board specifically recommends that the NIH:**

- **Pursue the expansion of NIH Child Care facilities, where possible;**
- **Actively seek additional space near NIH work locations to expand the capacity of NIH Child Care services;**
- **Contract with licensed organizations or individuals that offer Child Care in communities where NIH employees work and live; and**
- **Explore the development of additional resources to meet demand as indicated by the NIH Child Care Needs Assessment Survey.**

Recommendation Two:

The NIH should seek a resolution that permits the expansion to those employees for whom NIH Child Care Centers may provide priority enrollment.

The statute authorizing Federal agencies to provide space to entities that offer child care services, the Tribble Amendment, requires that at least 50 percent of the centers' spaces be filled by "children who have at least one parent or guardian who is employed by the Federal Government" and that the children of Federal employees will be given priority for any remaining spaces [40 U.S.C. section 490 (b)].

NIH Child Care Board Recommendations (continued)

Therefore, many individuals who participate in the scientific work of the NIH, such as IRTAs, NRSAs, and other Fellows, trainees, and individuals who are not Federal employees, are **NOT** entitled to receive priority placement in the NIH-sponsored child care centers by the Triple Amendment's definition. This presents a conflict between the legislative requirements of the Triple Amendment and the child care needs of all who work toward furthering the mission of the NIH. Therefore, the **NIH Child Care Board specifically recommends that:**

- **The Director of the NIH seek legislative authority that would permit the National Institutes of Health to authorize child care providers using its facilities to include children who have at least one parent or guardian acting in an authorized training capacity at the NIH to receive priority placement to the same extent as Federal employees.**

Recommendation Three:

The NIH should support a Pre-tax Dependent Care system for child care tuition payments.

The NIH Child Care Needs Assessment Survey asked respondents to rank a series of possible future child care initiatives that meet the needs of parents or guardians. The highest ranked selection was the development of a Dependent Care Assistance Plan that would allow individuals to elect a certain portion of their pay to be set aside before taxes, dedicated to an individual fund that can be used to pay for dependant care throughout the course of a year.

Looking to the private sector as a model for recruitment and retention of staff, 99 of the "100 Best Companies for Working Mothers" (rated by Working Mother Magazine) offer pre-tax set asides where workers can use pre-tax dollars for child and elder care. **The NIH Child Care Board specifically recommends that:**

- **The NIH should support legislation to create a government-wide Dependent Care Assistance Plan, which would permit employees to participate in a pre-tax system of deductions that would include payment for child care and other dependant care services.**

Recommendation Four:

The NIH should implement a Child Care Tuition Subsidy program for lower-income NIH employees.

In the Washington Metropolitan area, the tuition for licensed and regulated child care is among the highest in the nation. Families in need of child care for two or more children will pay an average of \$10,000 per year for quality licensed or registered care. The cost of child care expenses for lower-income families represents the third highest family expense, after taxes and housing.

NIH Child Care Board Recommendations (continued)

Agencies currently participating in the Federal Child Care Subsidy Program, which was created to allow Federal agencies to assist their lower income employees with child care expenses, reported reduced employee absenteeism and turnover rates. Employees receiving the subsidy report improved job performance and increased ability to concentrate on work.

The recent NIH Child Care Needs Assessment Survey indicated that lower income NIH employees tended not to use, or even apply for, the three NIH sponsored child care facilities, due to the relatively high cost of care at these facilities. These employees, according to the survey findings, “significantly valued an increase in direct tuition assistance” as a priority initiative for the NIH. Therefore, the **NIH Child Care Board recommends that:**

- **The NIH fund and implement a Child Care Subsidy Program that would provide direct tuition assistance to lower-income NIH employees based on total family income.**

Recommendation Five:

The NIH should provide accurate and coordinated information on the availability and affordability of Child Care for potential NIH employees and parents.

The current information that is provided to potential staff is often times incomplete and may be misleading. The information may state that the NIH has four on-site child care centers, which is accurate; however, the employees may fail to understand that the waiting list for entrance into these centers includes over 500 children. This means that potential employees may be counting on child care immediately, when in reality the wait could be as long as three years or more. Many times, these employees are relocating to this area to work at the NIH, and do not have the familial structure nearby to support them as they search for other child care alternatives. The cost of child care in this area, as noted above, is among the highest in the nation. Potential employees are often unaware of the lack of availability of child care and/or are ill-prepared or unable to pay for the cost of the care that does exist.

Additionally, as mentioned in Recommendation Two, potential NIH staff might not be granted priority placement, even when there is availability, because of the legislative constraints of the Triple Amendment. Therefore, the **NIH Child Care Board recommends that:**

- **The NIH ensure that the child care information provided to all current and potential employees via written and electronic recruitment materials, orientation materials, and informational materials is accurate and directly addresses the issues of availability, cost, and priority.**

NIH Child Care Board Priorities for 2002

- Raise the visibility of Child Care as an important recruitment and retention tool for the NIH.
- Actively address feedback obtained from the NIH Child Care Needs Assessment Survey by:
 - Improving the coordination among existing NIH programs; and
 - Exploring additional resources to serve the NIH community.
- Participate in the development of the Program of Requirements for the new NIH Northwest Child Care Facility.
- Provide input and guidance to the ORS Child Care Program on issues and activities that support a full-range of quality child care services for the NIH.
- Continue and expand efforts to insure that the Child Care Board reflects the diversity of the NIH workforce.
- Provide support to the NIH in accomplishing the recommendations contained in this report.

**CHARTER
NATIONAL INSTITUTES OF HEALTH
CHILD CARE BOARD**

VISION

The quality of scientific research supported at the National Institutes of Health (NIH) is a direct result of the quality of the workforce. Employer sponsored child care is critical to organizations that wish to attract and maintain a high quality workforce. The NIH Child Care Board recognizes that productivity and performance of parents in the workforce is enhanced when their children are in quality care, and children thrive when they are nurtured in a safe and appropriate learning environment. The NIH Child Care Board will promote services and programs that provide access to high quality, affordable child care for families in the NIH community.

MISSION

The National Institutes of Health Child Care Board, hereinafter referred to as the Board, will promote affordable, accessible, and quality child care for all NIH employees and advise the NIH regarding child care services and policies.

OBJECTIVES

The Board will:

1. Serve as an advocate for affordable, accessible and quality child care for the NIH community.
2. Serve as a forum for NIH child care issues and policies.
3. Advise the NIH with regard to child care issues and policies, e.g., status of existing programs, quality of care, need for modification of existing services and/or development of new services.

APPOINTMENT

Members will be selected in such a way as to span the interests of NIH employees and their dependents and shall represent the diverse population of the NIH community. Applicants shall have a strong interest in issues related to child care. Employees interested in participating on the Board shall submit a nomination letter to the Director, Division of Support Services (DSS), who shall forward a copy to the Board's voting members for review and consideration. The Board shall provide in writing its recommendations to the DSS Director. The DSS Director will forward the nomination packet to the NIH Associate Director for Research Services for appointment consideration. The Associate Director shall notify applicants in writing of their appointment to the Board.

VOTING MEMBERS

The Board shall consist of at least seven Federal employees, including the Chairperson and Chair-elect. Elections by a simple majority of voting members for the positions of Chair and Chair-elect shall be held annually.

No voting member may be an officer, member of the board, trustee, employee or partner of any NIH-supported Child Care Center. Voting members may not have any financial interest in such a program, either themselves or through their spouse or minor child, except that they may have a dependent in such a program, provided that they receive approval to participate from the appropriate ethics official.

TERMS and VACANCIES

Voting members shall serve on the Board for a term of three years. The terms for voting members are staggered. No more than one-third of the Board members should be replaced in any given year in order to preserve continuity and effectiveness of operation. If a member is unable to fulfill a term, a successor shall be appointed to complete the term subject to the approval and appointment by the Associate Director for Research Services.

EX-OFFICIO, NON-VOTING MEMBERS and LIAISONS

Ex-officio, non-voting members shall include the NIH Child Care Program Specialist, who shall serve as the permanent Vice-Chairperson of the Board, the Director of the Division of Support Services, the Director of the Division of Engineering Services, the Chair of the NIH Quality of Work Life Committee, the NIH Legal Advisor, or their designee. Additional members may include representatives from any other NIH organization that has an interest in child care issues. Ex-officio members will serve indefinite terms. Non-voting liaisons shall include the President of each Center’s Board of Directors, or designee, and the Director of each Center.

MEETINGS and ATTENDANCE

Regular meetings shall be held at least six times a year. The Chair may call additional meetings as necessary and may also call closed sessions of members only.

The Board may request a member’s resignation if the member fails to attend three consecutive meetings.

A majority of the voting members shall constitute a quorum for the transaction of the Board’s official business. Meetings may be held in the absence of a quorum but official votes may not be taken unless a quorum is present.

As necessary, the Board may establish standing and ad hoc committees composed of members of the Board to perform specific functions or address areas of interest or concern within the Board’s jurisdiction. The Board, through the Division of Support Services, may contract for services such as surveys, periodic reviews by expert consultants, and financial audits, as necessary.

RECORDS and REPORTS

The Board shall be provided with such information as it may require for purposes of carrying out its functions. The Board shall report at least annually to the NIH Director on the status of child care programs at NIH, identify areas of concern, and recommend actions where necessary.

The Division of Support Services shall provide the services of a corresponding and recording secretary to handle the business of the Board, prepare correspondence and minutes, record attendance at meetings, maintain membership lists, obtain conference room space and notify members of meetings, and maintain the permanent files of the Board.

TERMINATION DATE

The Board will terminate five years from the date this charter is approved unless renewed by the NIH Director and re-commissioned prior to its expiration.

APPROVED

/s/

Acting Director, NIH

Date

Dr. Ruth L. Kirschstein
Acting Director, NIH
Date: 05/03/01

**NIH Child Care Board
December 2001**

Members

Ms. Corliss Taylor, OD/OHRM (Chairperson)

Ms. Debra Chew, OGC/BAL

Ms. Maureen Gormley, CC/OD

Ms. Susan Huntley, NCI/ODEP

Ms. Kim Plascjak, CC/OHRM

Ms. Susan Reider, OD/OHRM

Dr. Qin Ryan, NCI/DCDT

Dr. Barbara Thomas, NCI/DBS

Ms. Wendy Thompson, OD/OHRM

Ms. Meredith Torres-Bruckheim, OGC/BAL

Ex-Officio Members

Mr. David Lankford, HHS/OGC

Ms. Juanita Mildenberg, ORS/DES

Ms. Mary Ellen Savarese, ORS/DSS

Mr. Tim Tosten, ORS/DSS

Liaisons

Ms. Lee Ettman, Director - ChildKind, Inc.

Ms. Mary Haas, Director - Parents Of Preschoolers, Inc.

Ms. Anne Schmitz, Director - Executive Child Development Center, Inc.

Ms. Dona McNeill, NIEHS - representing First Environments Early Learning Center

NIH CHILD CARE BOARD 2001 WORK/ACTION PLAN

The NIH Child Care Board will promote affordable, accessible and quality child care for all NIH employees and advise the NIH regarding child care services and policies.

Activities:

- New Member Recruitment and Retention Program
 - Develop a timeline and cycle for membership.
 - Develop a recruitment plan.
 - Develop recruitment materials (written, electronic).
 - Conduct interviews for potential candidates.
 - Develop an information packet and conduct an orientation for Board members annually.
 - Have current members serve as mentors for new members.
 - Tour the local NIH child care centers.
 - Recognition for Member Contributions.

- Raising the Visibility of Child Care Throughout the NIH Community
 - Partnering with the QWL in its annual fair.
 - Partnering with the WFLC in child care seminars.
 - Presentations to EOs, POs, SDs on Board role and initiatives.
 - Letters/reports on relevant issues.
 - Individual Members speaking on child care issues.

- Assisting with a WEPB Needs Assessment/Survey of the NIH Community
 - Assist in identifying available sources of data that provides relevant demographic and employment information related to need for child care services.
 - Identify the purpose and goal of a survey.
 - Identify specific questions to be included on a survey.
 - Identify what types of information and data is to be collected from the survey results.
 - Report on the results of the Survey.

- Serve as an advisory group to NIH and the NIH Child Care Program Specialist
 - Review and Discuss policies and procedures related to NIH child care programs.
 - Provide feedback to WEPB on new initiatives.
 - Participate in committees or workgroups convened by the Child Care Specialist to study specific issues.
 - Participate in the selection of new services or programs.
 - Prepare an annual report for the Director of NIH summarizing the actions of the Board.